

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 591060

1. Entity Name, ...

CHAMBERS ELECTRIC, INC.

Principal Place of Business

3744 MALEC CIRCLE
SARASOTA FL 34233
US

Mailing Address

3744 MALEC CIRCLE
SARASOTA FL 34233-2130
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERS, DAVID S. JR.
3744 MALEC CIRCLE
SARASOTA, FL H 34233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAMBERS, DAVE	
STREET ADDRESS	4351 IOLA DR	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAMBERS, DAVID S JR	
STREET ADDRESS	3744 MALEC CIR	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAMBERS, SHARON	
STREET ADDRESS	4351 IOLA DR	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAMBERS, JOAN	
STREET ADDRESS	3744 MALEC CIR	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David Chambers
DAVE CHAMBERS
VICE PRESIDENT

Date

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90015 045 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1852487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)